Housing Choice Voucher Program
412 Blvd of the Allies, 5th Floor
Pittsburgh, PA 15219
412-456-5090, Fax: 412-456-5224
www.HACP.gov

CHANGE of Owner Request

Enclosed, please find the forms necessary for requesting a Change of Ownership for a property involved with the Housing Authority of the City of Pittsburgh's Housing Choice Voucher Program. Please complete each form ***in its*** *entirety* and submit it to the Housing Authority of the City Pittsburgh, along with ***ALL*** required documentation. ***Any incomplete Change of Ownership packets will be returned to the sender for completion.***

Please return your completed packet to:

Housing Authority of the City of Pittsburgh
HCVP/Section 8 Department

412 Boulevard of the Allies 5th Floor

Pittsburgh, PA 15219

ATTENTION: Change of Owner Information

Via Email: **hcvlandlordsupport@hacp.org**

Via Fax: 412-456-5224, ***ATTN: Change of Owner Information***

Sincerely,

HCV Department

Housing Choice Voucher Program
412 Blvd of the Allies, 5th Floor
Pittsburgh, PA 15219
412-456-5090, Fax: 412-456-5224
www.HACP.gov

Checklist for
Change of Ownership Request

THE FOLLOWING FORMS ARE **REQUIRED** FOR PROCESSING A REQUEST FROM ANY ENTITY THAT WISHES TO RECEIVE HAP PAYMENTS IN THEIR NAME

PACKETS RETURNED WITH INCOMPLETE FORMS OR MISSING DOCUMENTATION WILL BE RETURNED TO THE SENDER FOR COMPLETION, WHICH MAY RESULT IN DELAYS IN PROCESSING.

- ☐ Management Agreement
- ☐ Copy of Driver's License
- ☐ Names and Addresses of HCV Tenants
- ☐ W-9 Request for Taxpayer Identification Number and Certification form
- ☐ Direct Deposit Information
- ☐ A blank, voided check or bank deposit slip

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

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Please list the names and addresses of all tenants associated with the Change of Ownership Request:

HACP Department of Financial Services

OWNER ADVISORY

VENDOR PAYMENTS TO GO ELECTRONIC

If you already have direct deposit, please disregard this letter.

All vendor payments made by the Housing Authority of the City of Pittsburgh will soon be made electronically via the Automated Clearing House (ACH) process. Payments will be made directly to a checking account or savings account designated by you.

IF YOU ALREADY HAVE DIRECT DEPOSIT, YOU DO NOT NEED TO DO ANYTHING.

Once the process is implemented, your payment will be deposited electronically but you will still receive a stub with the payment information you are accustomed to seeing on the check. ACH electronic payments benefit recipients by:

- Distributing funds to recipients more quickly than checks.
- Depositing funds directly into a recipient's bank account.
- Eliminating lost or stolen checks.
- Increasing security over funds.
- Improving the tracing of all payments.

On the back of this letter is an ACH Payment Authorization Form you will need to complete and return it by email or mail. On the form you must indicate the routing and account number where you want your payments to be deposited. **You must also submit a copy of a voided check, deposit slip, or letter from your bank for verification of the routing and account numbers. Please note that deposit slips may only be used for savings account deposits.**

No information will be accepted over the phone. Any change to the account information requires a new direct deposit authorization form. Account changes may take up to 30 days to process.

Please email to: finance@hacp.org

Please mail to: Address below

If you have any questions, please contact:
Sarah McWilliams, Senior Accounting Technician, at 412.643.2784 or sarah.mcwilliams@hacp.org

Housing Authority
City of Pittsburgh

412 Blvd of the Allies, Suite 711, Pittsburgh, PA 15219
Tel: 412-456-5000
www.HACP.gov

HACP Department of Financial Services

HOUSING CHOICE VOUCHER PROGRAM
ACH/DIRECT DEPOSIT AUTHORIZATION

Please type or clearly print all requested information. Email or mail completed form to the contact on page 1.

Part 1: Transaction Type

New Setup ☐ Change Financial Institution ☐ Change Account Number ☐ Change Account Type ☐

Effective Date: _____

Part 2: Entity/Payee Information

Entity/Payee Name:	**Owner Tax ID:** (Social Security Number or Employer Identification Number)		
Street Address:	**Work Phone Number:**	**Home Phone Number:**	
E-mail Address:	**City:**	**State:**	**Zip Code:**

Part 3: Financial Institution Information

Financial Institution Name:	**Account Number:**
Account Name (if Applicable)	**Account Type:** ☐ **Checking** ☐ **Savings**
9-Digit Routing Number	

Part 4: Authorization

I hereby request and authorize the Housing Authority of the City of Pittsburgh to deposit payments by electronic funds transfer into the account specified above and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice is received. The undersigned must allow a reasonable amount of time for initiating or termination Direct Deposit and is responsible for notification of any change in financial institution information.

Authorized Signature:	**Title:**	**Date:**

NOTE: YOU MUST SUBMIT A VOIDED CHECK, DEPOSIT SLIP, OR BANK LETTER FOR ACCOUNT VERIFICATION

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person**	**Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they